

Instructions for Equine Viral Arteritis Laboratory Test Form

1. Fill out the form in its entirety
2. Submit the form and the sample (blood or semen) to:

**Colorado State University
300 W. Drake Rd.
Ft. Collins, CO 80523**

For sample submission questions contact Colorado State University at (970) 297-1281



Colorado Department of Agriculture
Animal Industry Division
700 West Kipling Street Suite 4000
Lakewood CO 80215-5894

EQUINE VIRAL ARTERITIS LABORATORY TEST

SERIAL NO.

COLORADO NO. 84-EVA-

DATE BLOOD DRAWN

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed by CDA

REASON FOR TESTING

☐ INITIAL TEST

☐ RETEST

TEST TYPE

☐ SEROLOGY
(BLOOD)

☐ VIRUS ISOLATION(SEMEN)

VACCINATION STATUS

☐ 1ST VACCINATION

☐ BOOSTER

☐ UNKNOWN

NAIS PREMISES ID

NAME AND ADDRESS OF STABLE/MARKET *(Please print or type)*

Zip Code

Tel No.

County

NAME AND ADDRESS OF OWNER *(Please print or type)*

NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*

LICENSE NO.

Zip Code

Zip Code

Tel No.

County

Tel No.

County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

TYPE OR PRINT SIGNATURE NAME

SIGNATURE DATE

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

SIGNATURE OF OWNER OR OWNER'S AGENT

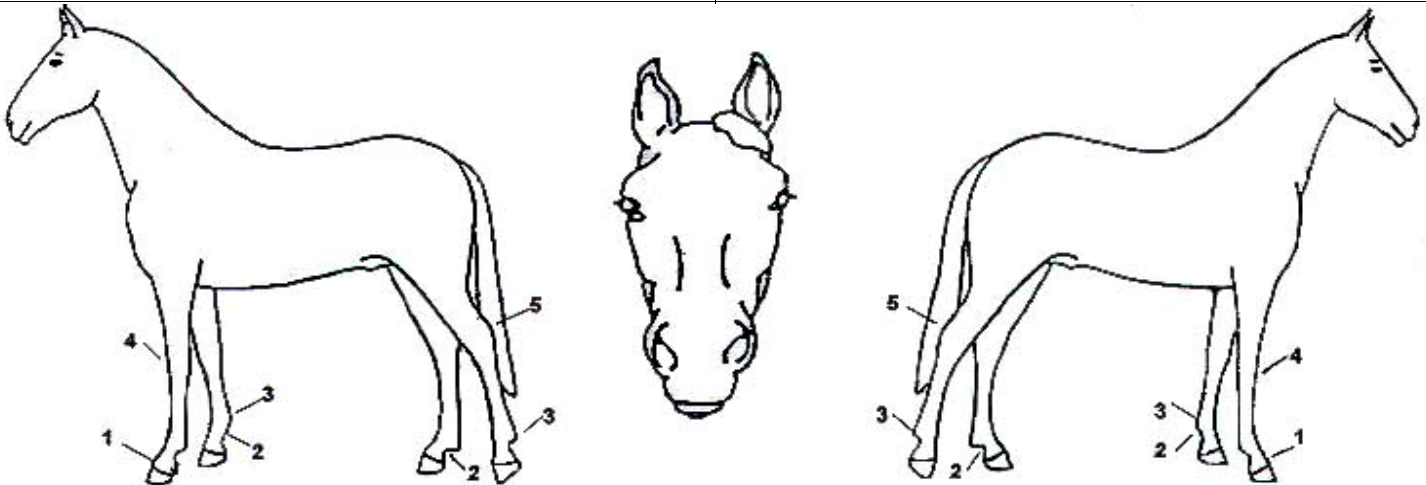
TYPE OR PRINT SIGNATURE NAME

SIGNATURE DATE

| Tube No. | Electronic I.D. No. | Tattoo/Brand | Name of Horse | Registration No. | Color | Breed | Age or DOB | Sex | M- Male F- Female G- Gelding NF- Neutered Female |
|----------|---------------------|--------------|---------------|------------------|-------|-------|------------|-----|--|
| | | | | | | | | | |

NARRATIVE DESCRIPTION AND REMARKS

| | |
|---------------|------------------------|
| HEAD | OTHER MARKS AND BRANDS |
| LEFT FORELIMB | RIGHT FORELIMB |
| LEFT HINDLIMB | RIGHT HINDLIMB |



FOR LABORATORY USE ONLY

| | | | |
|----------------------------|-------------------------|-------------------|--------------|
| LABORATORY NAME/CITY/STATE | DATE RECEIVED | DATE REPORTED OUT | TEST RESULTS |
| | SIGNATURE OF TECHNICIAN | | REMARKS |

FOR VETERINARIAN USE ONLY

| | | | |
|--|--------------------------|--------------------------------------|---------------------|
| VACCINE USED | SERIAL NUMBER OF VACCINE | EXPIRATION DATE OF VACCINE | DATE OF VACCINATION |
| I certify: That I have vaccinated and properly identified all animals listed hereon, and recorded all information as prescribed by regulations. | | SIGNATURE OF ACCREDITED VETERINARIAN | LICENSE NO. |

ALL VACCINATIONS MUST BE PROMPTLY REPORTED